


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E311473

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	14-00490
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	03 - 01 - 2014	TIME (2400)	1832	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
96TH AVE NE	BLOCK NO. <input checked="" type="checkbox"/>	800
	MILE POST <input type="checkbox"/>	

DISTANCE	300	00	MILES	<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	OF (REFERENCE OR CROSS STREET)	N DAVIES RD
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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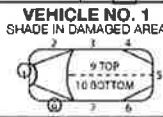
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE	UNKN	MODEL	UNKNO	STYLE		VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
------	--	----	--	-----	--

CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	B94550T	STATE	WA	VIN#	1GCCS136648189760
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	CHEV	MODEL	COLPU	STYLE	PK	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	BRETA ALTER 2213 NE 8TH ST RENTON WA 98056 D: 2062493009
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	NATIONWIDE PPNM0019518621-3
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	M. HINGTGEN	BADGE OR ID #	126	AGENCY	WA0311900
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PART A 3000-345-150 R (7/06)

PAGE 01 OF 3

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E311473

CASE #

14-00490

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MM/DD/YYYYPASSENGER ☐WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USEINJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MM/DD/YYYYPASSENGER ☐WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USEINJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MM/DD/YYYYPASSENGER ☐WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USEINJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Veh #2 was parked on the westside of the 96th Ave NE, approximately the 800 blk. Veh #2 was facing southbound. Veh #1 was traveling northbound on 96th Ave NE. Veh #1's drivers side tires left the roadway to the south of Veh #2, leaving tire marks on the shoulder. Veh #1 impacted the drivers side front corner of Veh #2. Veh #1 then continued north on 96th Ave NE.

Neighbors in the area stated that they saw a small black passenger car in the area at the time they heard the collision. No one saw the collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

03-02-14 05:48 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

JULIE JAMISON 097

3/3/2014 12:45:23 PM

BADGE OR ID #

126

ORI #

WA0311900

TIME POLICE DISPATCHED

6:37 PM

TIME POLICE ARRIVED

6:47 PM

PART B 3000-345-160 R (7/06)

PAGE

2

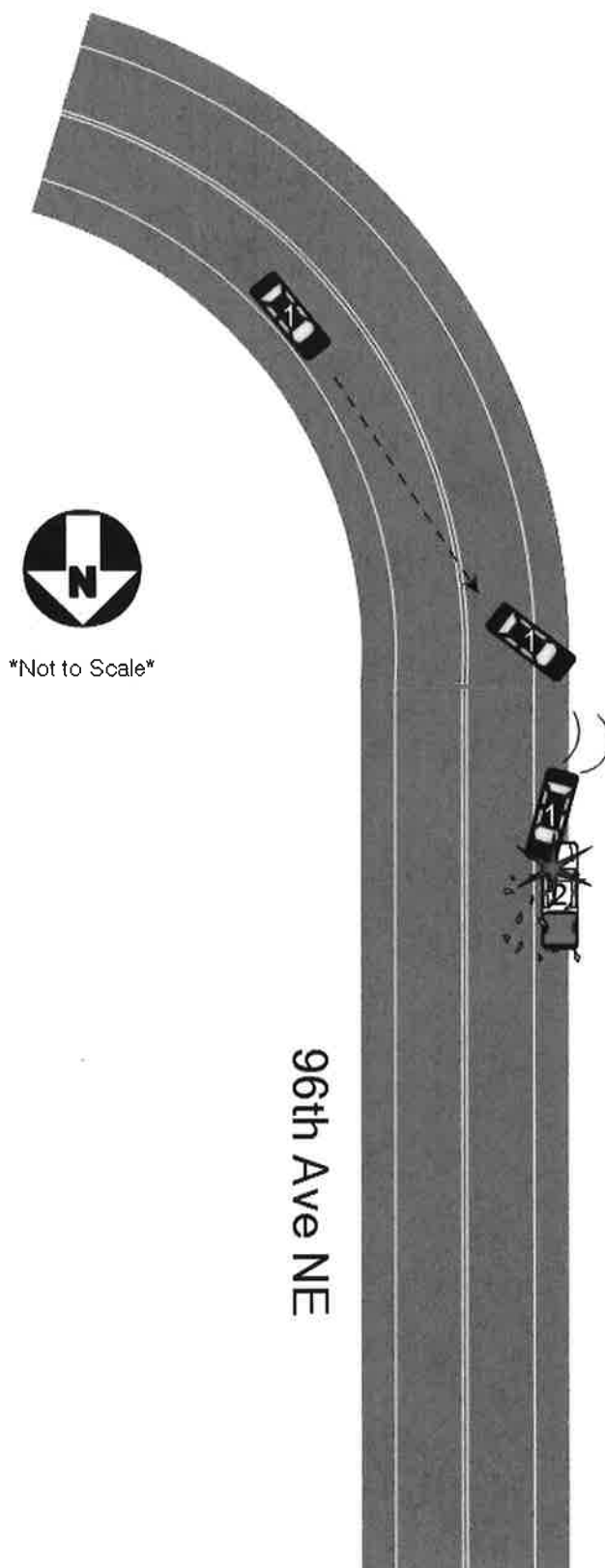
OF

3

REPORT NO. E311473

CASE # 14-00490

DATE AND TIME
OF COLLISION 03/01/14 18:32



STATE OF WASHINGTON UNIFORM INCIDENT REPORT

D A T A	AGENCY NAME LAKE STEVENS POLICE DEPT.		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER 14-00490									
	TYPE OF REPORT COL		<input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input checked="" type="checkbox"/> INFORMATION		<input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT									
	INCIDENT CLASSIFICATION Hit And Run Collision		<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE		<input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER:									
	LANDLORD NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL													
P E R S O N S / B U S I N E S S E S	ADDRESS / LOCATION OF INCIDENT 800 96th Ave NE		PREMISES TYPE / NAME Roadway		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
	REPORTED ON		OCCURRED ON OR FROM		OCCURRED TO									
	MONTH 3	DAY 1	YEAR 14	TIME 1837	DOW Sun	MONTH 3	DAY 1	YEAR 14	TIME 1903	DOW Sun				
	ADDL ON SUPP. <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT.		CODES: V-VICTIM W-WITNESS O-OTHERS		B-VICT BUSINESS C-COMPLAINANT G-PARENT/GUARD		D-DECEASED RO-REG. OWNER		TYPE VICTIM CODE: I-INDIVIDUAL B-BUSINESS F-FINANCIAL		G-GOVERNMENT R-RELIGIOUS S-SOCIETY / PUB		P-POLICE O-OTHER U-UNK	
S U S P E C T	NO. V-1	NON-DISC. <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) Alter, Breta R		RACE W	ETH	SEX F	DOB 012754	HGT 504	WGT 185	HAIR BRN	EYES BRN		
	STREET ADDRESS 2213 NE 8th St				CITY Renton				STATE WA	ZIP CODE 98056	RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>			
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC		TYPE INJ.	
	VICTIM OF OFNS#		OFNDR#		RELAT.									
S U S P E C T	NO.	NON-DISC. <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE)		RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES		
	STREET ADDRESS				CITY				STATE	ZIP CODE	RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>			
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NO		HATE / BIAS					
	VICTIM OF OFNS#		OFNDR#		RELAT.									
S U S P E C T	NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:		SUSPECT CODES:		A-ARREST R-RUNAWAY		S-SUSPECT M-MISSING		I-INSTITUTIONAL (MENTAL / DETOX)		X-OTHER			
	NO.	NAME (LAST, FIRST, MIDDLE)		RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES		
	ALIAS NAME(S)				IDENTIFIERS									
	STREET ADDRESS				CITY				STATE	ZIP	RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>		RES. PHONE	
V E H I C L E / T R L / B O A T	EMPLOYMENT / OCCUPATION / SCHOOL		BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO:		STATE					
	IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES		CITATION / WARRANT # / AGENCY		BAIL			
	ARREST DATE		LOCATION OF ARREST				1. <input type="checkbox"/> M <input type="checkbox"/> F		2. <input type="checkbox"/> M <input type="checkbox"/> F		3. <input type="checkbox"/> M <input type="checkbox"/> F			
	AFFILIATION		ON VIEW ARREST <input type="checkbox"/>	CITED Y <input type="checkbox"/> N <input type="checkbox"/>	STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN	CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED	ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>			
S I G N A T U R E	JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>			
	VEHICLE CODES:		<input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input checked="" type="checkbox"/> SUSPECT'S VEH.			
	NO.	LICENSE NUMBER	STATE	VIN / HULL NUMBER		YEAR	MAKE	MODEL	STYLE					
	COLOR		SPECIAL FEATURES / DESCRIPTION				VALUE/STOLEN \$		DRIVER IS: <input checked="" type="checkbox"/> R / O <input type="checkbox"/> PERSON #:		REGISTERED OWNER'S NAME			
S I G N A T U R E	VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY		<input checked="" type="checkbox"/> TOWED		TOW COMPANY NAME / ADDRESS / PHONE				STATE TOW NO.		REGISTERED OWNER'S ADDRESS			
	LOCKED Y <input type="checkbox"/> N <input type="checkbox"/>	KEYS IN VEHICLE Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/>	VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/>	THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/>	DRIVE-ABLE Y <input type="checkbox"/> N <input type="checkbox"/>	DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>	SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7 8	5 6	3 4		
											DAMAGE EST \$			
	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.													
S T A T U S	<input type="checkbox"/> RELEASED PROPERTY TO _____ <input type="checkbox"/> I DO <input type="checkbox"/> DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE <input type="checkbox"/> THE NAMED JUVENILE IS PRESENTLY A RUNAWAY <input type="checkbox"/> THE NAMED PERSON IS PRESENTLY MISSING													
	<input type="checkbox"/> I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE <input checked="" type="checkbox"/> REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E)													
	SIGNATURE OF PERSON						DATE							
	OFFICER NAME / NUMBER M. Hingtgen #126				AREA S	OFFICER NAME / NUMBER				AREA	APPROVED BY 	ASSIGNED		
FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR				PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS				<input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION		DATE ENTERED		

14-00490

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Hit and Run Collision	INCIDENT NUMBER 14-00490
NAME OF VICTIM(S) Alter, Breta		

Narrative:

On 3/1/14 at approximately 1837 hrs., I was dispatched to a priority collision in the area of 800 96th Ave NE. The reporting party indicated that the collision had occurred about 5 minutes prior and one of the vehicles had fled the scene.

I arrived onscene at approximately 1847 hrs. to find a white Chevrolet Cobalt, WA LIC #B94550T, heavily damaged to the front end of the vehicle. I contacted the registered owner, Breta Alter. Breta provided her vehicle information and stated that she had parked her vehicle hours prior.

Breta's vehicle was well on the shoulder of the roadway. The vehicle was parked, unoccupied, facing the proper direction, southbound. There were wet marks in the shoulder of the road where it appeared the fleeing vehicles driver's side tires had exited the roadway. The marks are consistent with re-entering the roadway, just prior to impacting the vehicle.

A neighbor approached me and informed me that she believed the vehicle was a black car. She said that she didn't know anything else other than that. She stated that she didn't see the collision but believed the black car was involved.

At this time, there is no further suspect information.

Attachments:

Accident Form

Recommendations:

N/A

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER M. Hingtgen #126	APPROVED BY 
--	---

**LSPD
ORIGINAL**

14-00490



LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number M. HINGTREN #126		Case Number 14-00490	
Type of Crime: <u>Felony</u> / Misdemeanor (Circle)		Type of Case: H+R		Date/Time: 3/1/14	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # 31	Item PHOTO CD		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action # 3	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS14003913
Case Numbers: \$SS14000490

Entered 03/01/14 18:37:18 BY SPCT04 SP0371
Dispatched 03/01/14 18:37:46 BY SPDP17 SP0346
Enroute 03/01/14 18:37:46
Onscene 03/01/14 18:47:25
Closed 03/01/14 19:03:31

Initial Type: COLP Initial Alarm Level: Final Alarm Level:
Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H
Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: T
Loc: 811 96 AV NE ,LKS btwn 97 DR NE & 9 ST NE (V)

Loc Info:

Name: HARTZELL, DORAN Addr: Phone: 4252991022

/1837 (SP0371) ENTRY ,CC, 5 AGO, H & R FLEEING VEH, GETTING INFO ON F
LEEING VEH
/1837 (SP0346) DISPER 19N2 #SS126 HINGTGEN, OFFICER (MICHAEL)
/1838 (SP0371) SUPP TXT: FLEEING VEH WOULD HAVE SERIOUS FRONT END DA
MAGE, LS NB ON 96 TO DAVIES... LOOKING FOR MORE
/1839 SUPP NAM: HARTZELL, DORAN,
PHO: 4252991022,
TXT: NO FLEEING VEH DESC, VIC VEH IS AT LOC WAIT
ING FOR CC
/1841 (SP0346) ASSTER 19N1 [811 96 AV NE ,LKS]
#SS116 NELSON, DET (FRANKIE)
/1847 (SS126) *ONSCNE 19N2
/1847 (SS116) *ONSCNE 19N1
/1849 (SS126) REMINQ 19N2 MDTVEH, B94550T, , WA, , , , , , , , , , ,
/1850 (SS116) REMINQ 19N1 MDTVEH, 021YXV, , WA, , , , , , , , , , ,
/1850 REMINQ 19N1 MDTWANT, , , , , , WA, CARTETA138KP, , , , , , , , , , ,
/1853 (SP0346) ASNCAS 19N2 \$SS14000490
/1900 (SS116) REMINQ 19N1 MDTVEH, AIU9694, , WA, , , , , , , , , , ,
/1900 REMINQ 19N1 MDTWANT, , , , , , WA, LEMOSRB218JT, , , , , , , , , , ,
/1900 CLEAR 19N1
/1903 (SP0346) CLEAR 19N2 D/H
/1903 CLOSE 19N2